

# IQS Data Collection Data Entry Form - Initial entry for an individual.

## 1. Person/Org Information

Person ID (SSN#)	Last Name	First Name	MI	Job Title	Employment Status
State-NWCG	IA-IAS	Station Address			
Org Level 1		City, State, ZIP			
Org Level 2		Home Address			
Org Level 3		City, State, ZIP			
Org Level 4		E-Mail Address			

Click the *update record now* button after required fields are entered.

FAX Number		Primary Jet Port			
Home Phone #		Secondary Jet Port			
Pager #					
Work #					
Work 2 #					
Date of Birth		Blood Type		Emergency Contact Info	Name
Sex (M/F)		Allergies			Address
Height (Inches)		Medications			City, State, ZIP
Weight (Pounds)		Clothing Sizes			Phone #

## 2. Fitness

Fitness Level (A/M/L/N)	Certifier	Effective Date (Omit for N)

## 3. Target Positions

Target Position	Risk	Date Created	Priority	Comments

## 4. Task Books in Progress

Qual	Risk	Date Issued	Issuer	Date Completed	Comments

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